

Metropol Credit Reference Bureau Uganda Limited

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CREDIT REPORT REQUEST FORM

INDIVIDUAL'S IDENTIFICATION DETAILS (AS APPEARS ON PRIMARY ID DOCUMENT)

Surname:		0	Other Names:	
Date of Birth:	/ /	Gender:	Nationality	
Financial Card (FCS) number / NIN:				
CONTACT DETAILS				
Postal Address:			Country:	
Mobile Number(s): _				
Email:				
REASON FOR REQUE	STING FOR CRE	DIT REPORT		
Personal interest: Others (Specify):			Credit denied:	
TYPE OF REPORT				
Standard Credit Rep	ort		Enhanced Report	
If you wish Metropol CRB (U) Ltd to forward your bureau report to the institution directly.				
Name of institution:				
Please attach a copy of your /National ID/Driving License/Passport or Financial card				
I hereby certify that the information and documentation provided in response to the questions herein are true, complete and authentic.				
I understand that the presentation of forged documents or the passing off of any documents issued by a lawful authority to another person as my own, for purposes of obtaining any right or privilege, is a criminal offence.				
CRB (U) Ltd to mail/deli officers, employees and	ver/send my credit r agents from all clai	report to the e-mail/po ms, actions or proceed	e-mail/postal address indicated herein and hereby authorize ostal address indicated herein. I release Metropol CRB (U) Ltd ings of whatsoever nature and howsoever arising, suffered or my credit report to the addresses that I have provided herein	and its incurred in
Name:	Date:	/ /	Signature:	
FOR METROPOL US				
Evaluated / screened	d By:		Credit Report Generated By:	
Name:		-	Name:	
Signature:			Signature:	
Date:			Date:	